changes with increasing distinctness, and at the level of the first dorsal segment was quite soft, the normal markings being obliterated. Microscopically was seen parenchymatous myelitis and neuritis, with degeneration of nerve fibers and ganglion cells in both the white and the gray matter.

Taft, A. E. ANTERIOR HORN CELLS. [Am. Arch. of Neur. and Psych., Jan., 1920.]

The problem of spinal segment localization. Three of the cases in which cell counts were made on the anterior horns of the spinal cord were those following amputation of an extremity. The other twenty-five had signs of a cord lesion. Variations in the counts between the two sides in the first three was not more than two or three cells in the final average. In two, the greater number was on the side corresponding to the amputation. In the cases without amputation variations in the counts was at times greater than with amputation. In sections where identification was made of right and left side, no uniform difference between the two corresponding counts appeared.

Crouzon and Bouttier. FAMILIAL AMYOTROPHY. [Bull. de la Soc. Méd. des Hôp., Dec. 19, 1919.]

That which the authors give as a new variety of amyotrophy was seen in three sisters between 25 and 32. The first symptoms appeared at 14, 22 and 12 years of age, the older sister is unable to stand on account of the motor and atrophic disturbances. Speech is also spasmodic and panting, hardly above a whisper; reflexes are abnormal, and choreiform movements present.

Herzog, Franz. REFLEX TIME OF THE TENDON AND THE MUSCLE TONUS. [Neurol. Centralbl., April 1, 1918, No. 7, Vol. 37.]

The patellar reflexes were measured according to Hoffmann's method with Edelmann's galvanometer. In measuring the Babinski a special technic was used. Nine cases showing exaggerated tension deflexes as consequence of paralysis of peripheral nerves were carefully examined and are here described. The author says that in all three groups of observations he had the same object, i.e., to determine how the stimulus is communicated from one neuron to another where the mode of communication may have been altered by disease. In the patellar reflexes the problem presents itself in the simplest form, because the paths of the muscle tonus and of the tendon reflex are for the most part identical, consisting of only a few (at least three) neurons. In the author's cases the muscle tonus, as result of various diseases of the central nervous system (diseases which were accompanied by lesions of the pyramidal tracts—*tabes dorsalis*, etc.) was greatly decreased or diminished. The time of the patellar reflexes, however, was found to